

COMPREHENSIVE DRUG COURT IMPLEMENTATION QUARTERLY REPORT AND INVOICE INSTRUCTIONS

Form A - CDCI Quarterly Claim for Reimbursement

List all Treatment Related and Court Related and Other Costs by quarter on this form. Costs submitted on invoices must be reflected in the current approved CDCI budget. Separate invoices must be submitted for each active project budget period, for each billing period. Please note that this includes both extension periods as well as current periods.

- **Grant Award Number** - The grant award number is located on the top right hand corner of the Notice of Grand Award. For example, the first year grant award number is CDCI-00/01-(your two digit county code)-01, the extended year one grant award number is CDCI-00/02-(your two digit county code)-A1, and the second year grant award number is CDCI-01/02-(your two digit county code)-02.
- **Grantee** - That agency identified in the top section of the Notice of Grant Award. Please also include current address, telephone number, and e-mail address (if applicable.)
- **Project Budget Period** - The project budget period is identified on the top right hand corner of the Notice of Grand Award under the Grant Award Number and the Award Period.

If you are claiming expenditures for two different project budget periods, separate invoices must be submitted for each project budget period. (i.e. CDCI first year funds that are spent during an extension period are invoiced separately from the second year funds.)

- **Billing Period** - The billing period is the three-month period containing the expenditures being invoiced. For example, the first billing period was December 29, 2001 through March 31, 2002.
- **Current Report/Amended Report** - If you need to amend or revise a previously submitted invoice, submit the changes on new form(s) and check the box on the top right hand corner where it says "Check here if this is a revised or an amended invoice /_/_."
- **Section I** - List all expenditures associated with the treatment related budget (do not include Court Related and Other Costs in this section.) Subtotal your treatment related costs.
- **Section II** - List all expenditures associated with the Court Related and Other Costs budget (do not include treatment related expenditures in this section.) Subtotal your Court Related and Other Costs.
- **Grand Total** Includes the subtotals for Treatment and Court and Other Costs.
- **Beginning Balance** (column A) - Must reflect the line items and totals in your latest approved budget, minus previously claimed expenditures. **Do not sum extended project budgets with current year project budgets**, each must have a separate invoice.

- **Current Expenses** (column B) – Reflects the total expenses incurred during the billing period. Note this cell is formula driven within this form if it is an electronic Excel file. If you do not have any expenditures to report, you still need to submit an invoice for the quarter. Column B would be completed with zeros.
- **Ending Balance** (column C) – Reflects the total of the beginning balance (column A) minus the Current Expenses (column B.) Note that this column is formula driven within the electronic Excel file.
- Do not include match funding on Form A, match funding is reported on Form B.
- **Signature Block** - The Alcohol and Drug Program Administrator is the only one authorized to sign the invoices. The AOD may submit a letter in writing authorizing a designee to sign the invoices. Blue ink is requested to distinguish the original signature from the copies.